

HERSHKOVITZ & ASSOCIATES, LLC 2845 DUKE STREET ALEXANDRIA, VA 22314 703-370-4800

In re application of

: Kill KIM Application No. : 10/773,606

Filed

: February 6, 2004

Docket No.: PK107441 Group Art Unit:

Examiner: Tran, Tuan A

For

: MOBILE COMMUNICATION AND STETHOSCOPE SYSTEM

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Information Disclosure Statement, Form PTO/SB/08a and References in the above-captioned application.

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
		1	Rate	Fee	Rate	Fee
*Total Claims:			x 26=	\$	x 52=	\$
**Indep. Claims:			x 110=	\$	x 220=	\$
Multiple Dependent Claims Presented			+195=	\$	+390=	\$
Extension Fees for Month				\$		\$
				\$		\$
Total:				\$0	Total:	\$

- * If less than 20, write 20
- **If less than 3, write 3
- ___Please charge my Deposit Account No. 50-2929 in the amount of \$.
- A Check in the amount of \$ __ to cover the necessary fee is included.
- X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:
 - X Any additional filing fees required under 37 C.F.R. 1.16.
 - X Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1 .136)(a)(3).

February 12, 2009 Date

Abraham Hershkovitz Rea. No. 45,294

L Studilor